

CONNECTICUT HOLISTIC AND INTEGRATIVE MEDICINE

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February 27, 2014

Dear Senator Terry Gerratana,

I am writing this letter in regard to the Governor's Bill #36 concerning the ability of Advanced Practice Registered Nurses (APRNs) who have been in practice for many years to continue to practice WITHOUT the need to have an identified collaborative physician.

I joined the practice of CT Holistic and Integrative Medicine in 2001 and in 2009 I bought the practice from Dr Jordan Goetz as he moved onto a salaried position elsewhere in the state. He stayed on as my "collaborative physician". I am on the insurance panels and bill directly to them. I have saved so much money for the insurance companies as I practice "preventative medicine" and focus on keeping my patients healthy.

Dr. Goetz is considering retiring and moving to another state. Does this mean I have to close up my practice as when I have spoken to other physicians in the area, they are SO busy with their own practices that they do not want to take on "one more thing". That does not surprise me as with the extra time that is now needed in completing Electronic Medical Records and keeping up with all the changes in all the insurance plans and spending so much time in doing "prior-authorizations" etc, etc, etc, it is NO WONDER that they would say no. I respect their decision. I have not had to utilize the services of Dr. Goetz as I do what any dedicated practitioner would do for their patients and that is "collaborate" with a person who specializes in the area that correlates with the particular needs presenting by their patient.

If I, and other APRNs, find ourselves in the position that their identified collaborative physician retires, moves, or just decides that do not want to continue in that relationship, what are we to do? Close up our practice? Dismiss our patients? I already have patients come to me as there are NO openings for new patients in local practice groups. Are these patients to be denied care? Not have anyone to continue to treat their medical problems? I am certified in diabetes care. Should these patients be denied continuing prescriptions for their treatment of diabetes? Should they go to the Emergency Room to receive insulin when their blood sugars are in the 500 range, only to be told to follow-up with their "care provider" but they no longer have one? Should my patients who have high blood pressure suffer a stroke due to uncontrolled blood pressure because they no longer had access to prescriptions for their blood pressure? Should we fill up the Coronary Care Units of the hospital with patients experiencing a heart attack because they were denied access to their heart medications?

Will the doctors who oppose this bill take on ALL OF MY PATIENTS IMMEDIATELY to prevent the repercussions of "lack of access to medical care"?

Sincerely,
Rebecca Murray APRN